

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002631

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 8

FILED JAN 21 1963

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Versailles</u>		c. CITY OR TOWN <u>Versailles</u>	
Length of stay in 1b <u>30 yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Ave.</u>		d. STREET ADDRESS (If outside, give location) <u>Missouri Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Silvey</u> Last <u>Silvey</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Can.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-12-68</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Morgan Co., Mo.</u>	
10a. FATHER'S NAME <u>Mart Silvey</u>		10b. MOTHER'S MAIDEN NAME <u>Mary Ann Hart</u>	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		12. SOCIAL SECURITY NO. <u>H. P. Garrison Versailles, Mo.</u>	
13. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> DUE TO (b) <u>Dehydrated Arterio Sclerosis</u> DUE TO (c) <u>10 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>1950</u> Month, Day, Year <u>1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Versailles, Mo.</u>	
21. I attended the deceased from <u>1950</u> to <u>1963</u> and last saw him alive on <u>JAN 15, 1963</u>		Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE <u>J. L. Washburn M.D.</u>		22b. ADDRESS <u>Versailles, Mo.</u>	
22c. DATE SIGNED <u>1/17/63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-18-63</u>	
23c. LOCATION (City, town, or county) <u>Versailles, Mo.</u>		23d. DATE RECD. BY LOCAL REG. <u>1-17-63</u>	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

10710

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1290-0

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond C. Parker

Licensed Embalmer No. 4626

P. O. Address Wassell, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.